

Bournbrook Varsity Medical Centre

1A Alton Road, Selly Oak, Birmingham B29 7DU

Tel: 0121 472 0129

Open Monday to Saturday

Dr C Allen - Partner, Dr M Swallow - Partner

Dr M Philp, Dr A Nijjar, Dr H Cole, Dr S Ali, Dr S Clarke, Dr J Tatlock, Dr N Ahmad, Dr A Dungate, Dr N Grant - Associates

Title Initial Last Name

Home Address House Name/Flat Number

Home Address Number and Street

Home Address Village

Home Address Postcode

YOUR ANNUAL FLU VACCINATION IS NOW DUE

We are pleased to be able to invite you to our 'walk-through' flu clinic for patients aged 65 and over. The Fluad vaccine is the best protection against an unpredictable virus which can cause serious illness and death. The vaccine is **free**. Last year, most people offered the vaccine chose to be immunised.

If you have a health condition which causes you to be immunocompromised, members of your household will also be eligible to receive the flu vaccination. Please let us know if this is the case.

We are holding a clinic to vaccinate our patients aged 65 and over on **Wednesday 20th September 2023**. In order to space out the number of patients attending on this date we are asking that you come within the 30 minute time slot shown below.

Please attend on Wednesday 20th September 2023 between...

Surnames A to B	9:00am – 9:30am
Surnames C to D	9:30am – 10:00am
Surnames E to H	10:00am – 10:30am
Surnames I to L	10:30am – 11:00am
Surnames M to O	11:00am – 11:30am
Surnames P to S	11:30am – 12:00pm
Surnames T to Z	12:00pm – 12:30pm

Fill out the form below and bring this letter with you when you attend

If you are unable to attend on this date or during your allocated 30 minute time slot please phone reception on 0121 472 0129 to book into another clinic.

For more information about flu and the vaccination programme please visit:

<https://www.nhs.uk/conditions/vaccinations/flu-influenza-vaccine/>

If you do not wish to be vaccinated this season please let us know so that we can remove you from our recall list for this year.

Yours sincerely

Bournbrook Varsity Medical Centre

Please complete this section and bring it with you when you attend for your vaccination

Name:	D.O.B:
Ethnicity:	Smoking Status:
Height:	Weight:

Staff Only:

<input checked="" type="checkbox"/> ELIGIBLE FOR FLUAD VACC
Site: L arm R arm
Batch:
Exp:

Disclaimer: If you do not wish to have the seasonal influenza vaccination please sign and return the section below

NAME: _____ DOB: _____

I do not wish to have the seasonal influenza vaccination this season (2023) (*please tick if applicable*)

Signed: Date: